## SECTION 3 WORKER APPLICATION

## A 1968 HOUSING AND URBAN DEVELOPMENT ACT





Return completed application electronically to the Section 3 Team at:

Incomplete applications will not be processed. Allow 5-10 business days for processing.

## HCDSection3@houstontx.gov

New applicants and re-certifying applicants must complete this application in full.

ALL FIELDS REQUIRED EXCEPT WHERE NOTED

	DATE
Applicant Name:	
Current Home Address:	
Phone Number:	Email Address:
Job Skills/Trades:	Other:

## **ALL PAGES OF THIS APPLICATION MUST BE SUBMITTED**

## 2021 HUD Income Limits for Houston and Surrounding Areas

Household Size	30% of Median Extremely Low-Income			edian Very ncome	80% of Median Low Income	
	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1-person	\$16,650	\$1,388	\$27,750	\$2,312	\$44,350	\$3,696
2-person	\$19,000	\$1,583	\$31,700	\$2,642	\$50,700	\$4,225
3-person	\$21,960	\$1,830	\$35,650	\$2,971	\$57,050	\$4,754
4-person	\$26,500	\$2,208	\$39,600	\$3,300	\$63,350	\$5,279
5-person	\$31,040	\$2,587	\$42,800	\$3,567	\$68,450	\$5,704
6-person	\$35,580	\$2,965	\$45,950	\$3,829	\$73,500	\$6,125
7-person	\$40,120	\$3,343	\$49,150	\$4,096	\$78,600	\$6,550
8-person	\$44,660	\$3,722	\$52,300	\$4,358	\$83,650	\$6,971

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### PART 1. SECTION 3 WORKER QUALIFYING STATEMENT

You must qualify under one of the following statements to qualify as a Section 3 Worker. Please select only ONE.

- Income for the previous or current calendar year is below HUD income limits. See above for HUD Income Limit Chart. Follow and complete instructions under Parts 2 and 3 below and Page 3.
- Employed by a Section 3 Business Concern. Follow and complete instructions under Parts 2 and 4 below and Page 3. Q2
- Participant in YouthBuild program. Follow and complete instructions under Parts 2 and 5 below and Page 3. Q3
- At any time during the last five years my annual household income was zero or did NOT exceed the 80% Median HUD Income Limit. See above for HUD Income Limit Chart. Follow and complete instructions under Parts 2 and 6 below and Page 3.

#### PART 2. SUPPORTING DOCUMENTATION FOR ALL APPLICANTS

Each applicant must submit the following documents:

**Proof of Identification** 

Provide one (1) of the following:

Driver's License

State Identification Card

**Passport** 

**Proof of Residency** 

Provide one (1) of the following:

Lease Agreement/ **Utility Bill** 

Reference Letter from Head of Household

Other

Supplement to Income Certification Form (required)

#### PART 3. SUPPORTING DOCUMENTATION FOR Q1

If you selected Q1 qualifying statement under Part 1, you must submit the following documents if you receive either public housing and/or participate in public assistance program:

**Public Housing** Resident

Agreement

Federal, State or Local Public **Assistance Program** 

Voucher or Award Letter

### PART 4. SUPPORTING DOCUMENTATION FOR Q2

If you selected Q2 qualifying statement under Part 1, you must submit the following documents:

1. 2021 Household Income Self-Certification Form

2. 2021 Zero Household Income Self-Certification Form

3. Section 3 Business Concern Name and Date of Employment:

#### PART 5. SUPPORTING DOCUMENTATION FOR Q3

If you selected Q3 qualifying statement under Part 1, you must submit the following documents:

1. 2021 Household Income Self-Certification Form

2. YouthBuild Participant Letter

#### PART 6. SUPPORTING DOCUMENTATION FOR Q4

If you selected Q4 qualifying statement under Part 1, you must submit the following documents:

1. 2021 Household Income Self-Certification Form

2. 2016-2020 Household Income Self-Certification Form

## **SECTION 3 WORKER APPLICATION**2021 HOUSEHOLD INCOME SELF-CERTIFICATION





### 2021 Annual HUD Income Limits - 80% Median

Household Size	1	2	3	4	5	6	7	8
	\$44,350	\$50,700	\$57,050	\$63,350	\$68,450	\$73,500	\$78,600	\$83,650
Low Income								

LIST ALL MEMBERS OF HOUSEHOLD, REGARDLESS OF INCOME OR AGE.						
PART 1. HO	USEHOLD COMPOSITIO	N				
	Last Name	First Name M.I.	Relationship to Head of Household	Date of Birth	Last 4-digits of SSN	
1						
2						
3						
4						
5						
PART 2. GR	ROSS (BEFORE TAXES) H	OUSEHOLD ANNUAL IN	СОМЕ			
	Employment & Wages	Social Security/Pensions	Public Assistance	Other I	ncome	
1						
2						
3						
4						
5						
		Total	Gross Household Annual Income	\$		
PART 3. HC	DUSEHOLD CERTIFICATION	ON & SIGNATURE				
The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part I acceptable verification of current anticipated annual income.  Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of certification.						
		_	_			
	Print Name	Sign	ature	Dat	е	

## SECTION 3 WORKER APPLICATION 2021 ZERO HOUSEHOLD INCOME SELF-CERTIFICATION





I hereby certify that I currently do not individually, nor does any member of my household, receive income from any of the following sources:

- 1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- 2. Income from operation of a business;
- 3. Rental income from real or personal properties;
- 4. Interest or dividends from assets:
- 5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits:
- 6. Unemployment or disability payments;
- 7. Public assistance income;
- 8. Periodic allowances such as alimony, child support, or gifts received from persons not living in household;
- 9. Sales revenue from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- 10. Any other source not named above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my Section 3 certification.

## **SECTION 3 WORKER APPLICATION**2021 HOUSEHOLD INCOME SELF-CERTIFICATION

2017

2016



2019



2020

If you are qualifying as a Section 3 Worker based on your household income from the past five years, check all boxes that applied to you and your household during 2016-2020.

2018

At one point in the	past five, my household i	ncome was zero.				
	past three years, I was a p assistance programs.	oublic housing resident and/o	r participated in Federal,			
At one point in the past five years, my household income did NOT exceed the 80% Median HUD Income Limit.						
At one point in the	past five years, I was une	mployed.				
At one point in the	past five years, I was hom	neless.				
accurate to the bes	t of my knowledge. The u	formation presented in this condersigned further understan fraud. False, misleading or inc 3 certification.	ds that providing false			
Print Name		Signature	Date			

## **SECTION 3 WORKER APPLICATION**SUPPLEMENT TO INCOME CERTIFICATION





In order to assume compliance with federal equal housing opportunity and fair housing goals, the Department would appreciate receiving the information listed below. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish this document. However, if you choose not to furnish it, the owner, recipient or contractor are required to note ethnicity, race, sex, age, and other household composition on the basis of visual observation or surname. If you do not wish to furnish this information, please initial below:

**RESIDENT/APPLICANT:** I do not wish to furnish information regarding ethnicity, race, sex, age, and other household composition. (Initials)

See below for Ethnicity, Race, and Other codes that characterize household composition. Enter both Ethnicity and Race codes for each household member, and a code for Other, if applicable. Also indicate if an individual in the household qualifies for the Special Needs occupancy requirement specified in the Land Use Restriction Agreement (LURA) or other document, see below for definition.

#### LURA defines "Special Needs" as a person who:

- · Has a physical, mental or emotional impairment that:
  - Is expected to be of a long, continued and indefinite duration,
  - · Substantially impedes his or her ability to live independently, and
  - Is of such a nature that the disability could be improved by more suitable housing conditions,
- Has a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. Section 15502);
- Has a disability, as defined in 24 CFR § 5.403;
- · Has alcohol and/or drug addictions;
- Is a Colonia resident;
- Is a victim of domestic violence; Has HIV/AIDS;
- · Is homeless; or
- · Is a migrant farm worker.

	Sex Enter M or F	Age	Race	Other	Special Needs? Y or N
1					
2					
3					
4					
5					
6					
7					

#### RACE CODES:

- 1. White American
- 2. Black/African American
- 3. Native American
- 4. Hispanic American
- 5. Asian/Pacific American
- 6. Hasidic Jew

## OTHER CODES:

- A. Elderly
- B. Disabled
- C. Elderly & Disabled

	_	
Print Name	Signature	Date

# **SECTION 3 WORKER APPLICATION**QUESTIONNAIRE





	Print Name		Sign	ature			Date
	Yes		No				
8. I agree t	o having my informatio	n pub	lished in the City of	Houst	ton's Sect	tion 3 Worker	online directory.
	Yes		No				
7. Do you h	nave disability?						
	Yes		No				
6. Are you	a Veteran?						
	Student		Retired			Other (specify)	
	Full time		Part time		Une	employed	
5. What is	your current employme	nt sta	tus?				
	Master's degree (e.g. MA, MS, MEd)	Doctorate (e.g. PhD, EdD)		Other (specify)			
					ssociate's .g. AA, AS		Bachelor's degree (e.g. BA, BS)
4. What is	the highest degree or le	vel of	school you have co	mplet	ed?		
	Native American or American Indian		Asian/Pacific Island		Oth (spe	er ecify)	
	White		Hispanic or Latino	O	Bla	ck or African	American
3. What is	your ethnicity?						
Male		Female		Pre	Prefer not to say		
2. What is	your gender?						
45-54 years old		Over 55					
	18-24 years old		25-34 years old		35-4	44 years old	
1. What is y	our age?						